

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Statement covers period	
from	10/17/2010
through	12/31/2010

Date of election if applicable:
(Month, Day, Year)

11/02/2010

Date Stamp
FILED
JAN 31 2011
CITY OF SANTA MARIA
BY: City Clerk

CALIFORNIA FORM **460**
Page 1 of 13
For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

<input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee	<input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="radio"/> State Candidate Election Committee	<input type="radio"/> Controlled
<input type="radio"/> Recall	<input type="radio"/> Sponsored
(Also Complete Part 5)	
<input type="checkbox"/> General Purpose Committee	<input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<input type="radio"/> Sponsored	(Also Complete Part 6)
<input type="radio"/> Small Contributor Committee	
<input type="radio"/> Political Party/Central Committee	

3. Committee Information

I.D. NUMBER

1329293

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council 2010

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Dr.
CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93455 805-934-5737

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

2. Type of Statement:

<input checked="" type="checkbox"/> Preelection Statement	<input type="checkbox"/> Quarterly Statement
<input type="checkbox"/> Semi-annual Statement	<input type="checkbox"/> Special Odd-Year Report
<input type="checkbox"/> Termination Statement (Also file a Form 410 Termination)	<input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495
<input type="checkbox"/> Amendment (Explain below)	

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2624 Airpark Dr.

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93454 805-934-5737

NAME OF ASSISTANT TREASURER, IF ANY

Trent J. Benedetti, CPA

MAILING ADDRESS

2151 S. College Dr. Ste. 101

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria, CA 93454

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge, under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1-28-2011 Date 1-28-2011

By _____

Signature of Treasurer or Assistant Treasurer

Executed on 1-28-2011 Date 1-28-2011

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date _____

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA
FORM
460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Alice Patino

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
2624 Airpark Dr. Santa Maria, CA 93455

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION
 SUPPORT
 OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD
 SUPPORT
 OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

STATEMENT COVERS PERIOD		CALIFORNIA FORM
from	10/17/2010	
through	12/31/2010	Page <u>3</u> of <u>13</u>
		I.D. NUMBER 1329293

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino For City Council 2010

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 4,444.00	\$ 13,543.00
2. Loans Received	Schedule B, Line 3 \$ 0.00	\$ 1,200.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 4,444.00	\$ 14,743.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 4,444.00	\$ 14,743.00

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 4,654.91	\$ 13,617.75
7. Loans Made	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 4,654.91	\$ 13,617.75
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ 0.00	\$ 0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 \$ 0.00	\$ 0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 4,654.91	\$ 13,617.75

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 1,336.16	
13. Cash Receipts	Column A, Line 3 above \$ 4,444.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ -3.00	
15. Cash Payments	Column A, Line 8 above \$ 4,654.91	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 1,122.25	

If this is a termination statement, Line 16 must be zero.

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00	
18. Cash Equivalents	See instructions on reverse \$ 0.00	

Cash Equivalents and Outstanding Debts

19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 1,200.00	
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SUMMARY PAGE
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STATEMENT COVERS PERIOD		CALIFORNIA FORM
from	10/17/2010	
through	12/31/2010	Page <u>3</u> of <u>13</u>
		I.D. NUMBER 1329293

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	20. Contributions Received (If subject to Voluntary Expenditure Limit)	21. Expenditures Made (mm/dd/yy)
	\$ _____	\$ _____

Total to Date
Date of Election
(mm/dd/yy)

*Amounts in this section may be different from amounts reported in Column B.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A
CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE		Statement covers period from <u>10/17/2010</u> through <u>12/31/2010</u>		Page <u>4</u> of <u>13</u>	
NAME OF FILER Alice Patino for City Council 2010				I.D. NUMBER 1329293	

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (If Committee, also enter I.D. number)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (If required)
10/18/2010	Charles Hebard 2870 Halcyon Rd. Arroyo Grande, CA 93420	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto Sales Home Motors	500.00	500.00	G10 500.00
10/22/2010	Engel and Gray, Inc. P. O. Box 5020 Santa Maria, CA 93456	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	G10 250.00
10/27/2010	Dr. Michael Moats 525 E. Plaza Dr. Ste. 200 Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dermatologist Michael Moats, M.D.	500.00	500.00	G10 500.00
11/02/2010	Patrick B. Fidele 668 Clubhouse Dr. Santa Maria, CA 93455	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farming Santa Maria Seeds	150.00	150.00	G10 150.00
11/02/2010	Jayne Gamble P. O. Box 267 Guadalupe, CA 93434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farming Ocean Front Farms, LLC	250.00	250.00	G10 250.00
				SUBTOTAL \$	1,650.00	

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,800.00
2. Amount received this period – unitemized monetary contributions of less than \$100 \$ 644.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 4,444.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM					
from	10/17/2010	through	12/31/2010	Page	5 of 13		
NAME OF FILER	DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Alice Patino For City Council 2010	11/02/2010	Ruthanne Gamble P. O. Box 759 Guadalupe, CA 93434	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farming Maretti Blosser Family Ltd. Ptsip.	250.00	250.00	G 10 250.00
	11/02/2010	John Jackson 775 Conestoga Ln. Nipomo, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farming Beachside Produce, LLC	250.00	500.00	G 10 500.00
	11/02/2010	John Jackson 775 Conestoga Ln. Nipomo, CA 93444	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farming Beachside Produce, LLC	250.00	500.00	G 10 500.00
	11/02/2010	Gary McKinsey P. O. Box 1331 Arroyo Grande, CA 93421	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farming B & D Farms, Inc.	250.00	250.00	G 10 250.00
	11/02/2010	Mark J. Smith 2011 S. Broadway Ste. J Santa Maria, CA 93454	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer Mark J. Smith	250.00	1,755.00	G 10 1,755.00
							SUBTOTAL \$ 1,250.00

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or OTH)
OTH – Other (e.g., business)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

*Contributor Codes	
IND – Individual	
COM – Recipient Co	(other than I)
OTH – Other (e.g.,	
PTY – Political Party	
SCC – Small Contrib	

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM	
from	10/17/2010	through	12/31/2010
			Page <u>7</u> of <u>13</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council 2010

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (If self-employed, enter name of business)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN* THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Alice M. Patino 609 W. Mill St. Santa Maria, CA 93458	Council Member City of Santa Maria	\$ 1,200.00	\$ 0.00	\$ 0.00 <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 1,200.00 <u>12/31/2011</u> DATE DUE	0.00% RATE	\$ 1,200.00	\$ 1,200.00 PER ELECTION**
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 0.00 DATE DUE	0.00% RATE	\$ 0.00 DATE INCURRED	\$ 0.00 PER ELECTION***
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 0.00 DATE DUE	0.00% RATE	\$ 0.00 DATE INCURRED	\$ 0.00 PER ELECTION***
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
SUBTOTALS		\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,200.00	\$ 0.00	\$ 0.00	

Schedule B Summary

1. Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.)

\$ 0.00

2. Loans paid or forgiven this period
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

\$ 0.00

3. Net change this period. (**Subtract** Line 2 from Line 1)
Enter the net here and on the Summary Page, Column A, Line 2.

NET \$ 0.00
(May be a negative number)

[†]Contributor Codes
(Enter on
Schedule E, Line 3)

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/227-3772)

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

Alice Patino for City Council 2010
NAME OF FILER

SCHEDULE E		CALIFORNIA FORM 460
Statement covers period	from <u>10/17/2010</u>	
	through <u>12/31/2010</u>	Page <u>8</u> of <u>13</u>
I.D. NUMBER <u>1329293</u>		

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QNP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHQ	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA, INC.	PRO		Accounting	146.25
2151 S. College Dr. Ste. 101 Santa Maria, CA 93455				
VTC Enterprises, Inc.	LIT		Printing	89.31
2445 'A' St. Santa Maria, CA 93456				
Santa Maria Sun	PRT		Newspaper ad	468.00
3130 Skyway Dr. Ste. 503 Santa Maria, CA 93455				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 703.56

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4,654.91
2. Unitemized payments made this period of under \$100 \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 4,654.91

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Alice Patino for City Council 2010

Statement covers period	CALIFORNIA FORM
from <u>10/17/2010</u>	460
through <u>12/31/2010</u>	
	Page <u>9</u> of <u>13</u>
	I.D. NUMBER <u>1329293</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications
CNS campaign consultants	MTG meetings and appearances
CTB contribution (explain nonmonetary)*	OFC office expenses
CYC civic donations	PET petition circulating
FIL candidate filing/ballot fees	PHO phone banks
FND fundraising events	POL polling and survey research
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services
LEG legal defense	PRO professional services (legal, accounting)
LIT campaign literature and mailings	PRT print ads

NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. number)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VTC Enterprises, Inc.			Printing	
2445 'A' St. Santa Maria, CA 93456	LIT			239.92
Morrison Media Services			3rd party; radio ads	
P. O. Box 5186 Santa Maria, CA 93456	RAD			2,000.00
NetFile			Software license	
Alice M. Patino 2707-A Aurora Road Mariposa, CA 95338	WEB		Reimbursement for out-of-pocket expenditures	170.96
Benedetti & Associates, CPA, Inc.				
2151 S. College Dr. Ste. 101 Santa Maria, CA 93455	CMP			1,355.87
	PRO	Accounting		184.60
				SUBTOTAL \$ 3,951.35

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded to whole dollars.

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council 2010

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Morrison Media Services

Statement covers period from <u>10/17/2010</u>	through <u>12/31/2010</u>	Page <u>10</u> of <u>13</u>
		I.D. NUMBER <u>1329293</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

O/P	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
C/C	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
El Dorado Broadcasters / KSNX Radio 2215 Shryway Dr.	RAD	Radio ads	428.00
Santa Maria CA 93455			
El Dorado Broadcasters / KSNL Radio 2215 Shryway Dr.	RAD	Radio ads	1,072.00
Santa Maria CA 93455			
Knight Broadcasting / KOHL Radio 1101 S. Broadway	RAD	Radio ads	500.00
Santa Maria CA 93454			

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL* \$ 2,000.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

**Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

**SCHEDULE G
CALIFORNIA FORM 460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council 2010

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Alice N. Patino

Statement covers period	from <u>10/17/2010</u>	through <u>12/31/2010</u>	Page <u>11</u> of <u>13</u>
		I.D. NUMBER <u>1329293</u>	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CYC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings
MBR	member communications
MTG	meetings and appearances
OFC	office expenses
PET	petition circulating
PHO	phone banks
POL	polling and survey research
POS	postage, delivery and messenger services
PRO	professional services (legal, accounting)
PRT	print ads
RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
County of Santa Barbara 511 E Lakeside Dr #134 Santa Maria CA 93455	OFC		Voter information	25.78
Home Depot 2120 S. Bradley Rd. Santa Maria CA 93455	CMP		Signs	18.31
SignCraft 307 E. Main St. Santa Maria CA 93454	CMP		Signs	520.00
SignCraft 307 E. Main St. Santa Maria CA 93454	CMP		Signs	720.00

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

TOTAL* \$ 1,264.09

**Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA 460 FORM	
Statement covers period from <u>10/17/2010</u> through <u>12/31/2010</u>	
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I.D. NUMBER <u>1329293</u>	
NAME OF AGENT OR INDEPENDENT CONTRACTOR Alice Patino for City Council 2010	
SEE INSTRUCTIONS ON REVERSE	
NAME OF FILER Alice M. Patino	
NAME OF AGENT OR INDEPENDENT CONTRACTOR Alice M. Patino	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as recorded on Schedule E.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Schedule | Summary

1. Itemized increases to cash this period. \$ -3.00

2. Unitemized increases to cash of under \$100 this period. \$ 0.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) \$ -3.00

Attach additional information on appropriately labeled continuation sheets.

-3.00